

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2014
NAME OF PROVIDER OR SUPPLIER GREYSTONE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 181 DUNLAP ROAD BLOUNTVILLE, TN 37617		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 020 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain vertical openings with at least a one hour fire rated construction.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on April 1, 2014 at 2:00 p.m. revealed that a ventilation shaft that serves the first floor conference room, second floor day room, and third floor day room has an opening from the ventilation shaft in each of the three rooms and the ventilation shaft is not protected with any fire dampers to maintain the three story ventilation shaft with at least a 1 hour fire rating.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 1, 2014.</p>	K 020	<p>K020</p> <p>HVAC Inc. Building Solutions was contacted on April 7, 2014, by our Maintenance director to install 2 fire dampers. A quotation has been received 4/21/14 and approved.</p> <p>The facility maintenance director has inspected all remaining day rooms for ventilation chutes to ensure they have 1 hour fire rating 4/21/14.</p> <p>The center continues to maintain weekly, monthly fire safety building inspections to check for proper fire resistance ratings and operation. The facility plant operations manager continues to report his findings to the safety committee monthly. All reports are discussed for action and discussed at our April Safety Committee meeting 4/22/14.</p> <p>All fire safety inspection reports conducted by the plant operations director or fire safety inspector and reported to the safety committee are forwarded to the facility Quality Assurance Committee for trending, and recommendations beginning with the April 2014 meeting.</p>	5/17/2014	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p>	K 045	<p>K045</p> <p>The maintenance director will install lighting on the exit path walkway along the central stair well exit egress by May 1, 2014.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 045	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to have ensure exit paths have lighting so that the area will not be in total darkness. The findings include: Observation and interview with the maintenance director on April 1, 2014 at 10:15 a.m. revealed that the exit discharge from the central stairwell is not provided with lighting that is also on emergency power. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 1, 2014. NFPA 101 LIFE SAFETY CODE STANDARD	K 045	The facility maintenance director has inspected all exit paths connected to the center exit doors to ensure all areas have lighting adequate to use for evacuating the center as of April 21, 2014. All exterior lighting is being checked by our plant operations manager or designee during weekly safety check rounds. Results of the safety rounds reported to the center safety committee beginning April 22, 2014. All safety reports and findings presented at the center safety committee meeting are trended and reported for recommendations to the Center Quality Assurance Committee monthly beginning April 2014.		
K 077 SS=D	Piped in medical gas systems comply with NFPA 99, Chapter 4. This STANDARD is not met as evidenced by: Based on record review, it was determined that the facility failed to maintain piped in medical gasses in accordance with NFPA 99. The findings include: Record review on April 1, 2014 at 1:10 p.m. revealed that the annual medical gas report revealed the following deficiencies: 1. The emergency oxygen reserve is not	K 077	K077 The center currently has on hand a combination of H-tanks and E-tanks to provide 24 hour emergency supply of Oxygen effective April 25, 2014. The center has received a proposal to install a new Oxygen manifold and to complete wiring to our alarm panel for a master alarm. The proposal from Allied Piping Company has been received and approved April 22, 2014. All residents that require Oxygen have available a measured amount of Oxygen and have available a backup 24 hour		

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K 077	Continued From page 2 capable of supplying oxygen for at least 24 hours. 2. The emergency oxygen does not send a signal to the Master Alarm indicating the emergency reserve is in use. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on April 1, 2014.	K 077	facility plant operations manger or designee. The inspection reports are presented after they occur at our Safety committee for action beginning April 2014 meeting. All Safety committee reports are trended and forwarded to the center Quality Assurance Committee for recommendations and action beginning with the April 2014 meeting.		
K 108 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hospitals, and nursing homes and hospices with life support equipment, have a Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99, 3.4.2.2, 3.4.2.1.4. This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have a Type 1 Essential Electrical System for life support equipment. The findings include: Observation on April 1, 2014 at 11:10 a.m. revealed that the emergency generator is not equipped with a Type 1 Essential Electrical System (EES) for the facility's ventilator dependent unit. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 1, 2014.	K 106	K106 The facility currently has (2) operating generators and (2) transfer switches. The center contacted Nixon Power Services for an assessment of the center generators. On April 16, 2014 Nixon Power assessment was completed. Upon completion of their assessment they concluded that the center is currently operating with a Type I Essential Electrical System in written correspondence dated April 16, 2014 All residents requiring life support equipment are located in rooms with the Type I Essential Electrical System supporting electrical circuits. Routine generator inspections will continue to be completed weekly, and monthly by in house maintenance. An annual 4 hour load bank test is completed annually by vendor. Results of the inspections will be reviewed and forward to our monthly safety committee. Results of all generator inspections reported monthly to our center safety committee will then be reported to our Quality Assurance Committee for recommended actions beginning with the April 2014 meeting.		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147			

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K 147 SS=E	<p>Continued From page 3</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, it was determined that the facility failed to install ground fault circuit interrupter (GFCI) in wet areas.</p> <p>The findings include:</p> <p>Observation and testing on April 1, 2014 at 2:05 p.m. revealed the electrical outlets at sinks located in the resident rooms were not equipped with ground fault circuit interrupter (GFCI) outlets. The following rooms were not provided with ground fault circuit interrupters outlets (GFCI):</p> <ol style="list-style-type: none"> 1. Resident room 308. 2. Resident room 329. 3. Resident room 332. 4. Resident room 234. 5. Resident room 232. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on April 1, 2014.</p>	K 147	<p>K147 Maintenance Director will install GFCI electrical outlets at sinks in rooms 308, 329, 232, 234, 232.</p> <p>Maintenance Director and or designee will audit all electrical outlets in the building located near sinks to ensure they all are GFCI type by 5/7/14.</p> <p>All electrical outlets near sinks that are GFCI protected will be checked 1 x per quarter for 2 quarters beginning in May 2014. Outlets then will be checked semi-annually beginning November 2014</p> <p>Electrical outlet audits completed 1 x per quarter for 2 quarters then semi-annually results will be submitted to the Quality Assurance Committee monthly as scheduled for review and recommendations, beginning with the May 2014 meeting.</p>		